



REPLY TO
ATTENTION OF

DASG-HS-AS

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH VA 22041-3258



23 May 2001

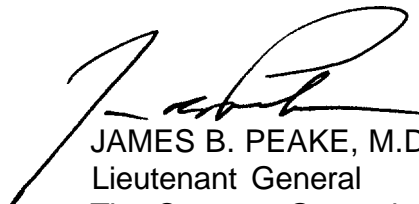
MEMORANDUM FOR

COMMANDERS, MEDICAL REGIONAL COMMANDS
COMMANDER, US ARMY TRAINING AND DOCTRINE COMMAND
COMMANDER, US ARMY FORCES COMMAND
COMMANDER, US ARMY EUROPE
COMMANDERS, EIGHTH US ARMY

SUBJECT: Pregnancy and Postpartum Physical Profiles

1. The purpose of this memorandum is to provide updated guidance regarding physical profiles for pregnant and postpartum soldiers specifically in terms of occupational exposures during pregnancy and physical activity during and after pregnancy.
2. Request distribution to commanders and to medical physical profiling officers.
3. The occupational health requirements in the physical profile are essential to protect the soldier and the unborn baby.
4. As an exception to policy to AR 40-501, the enclosed guidance will be used in lieu of paragraph 7-9 and 7-10, AR 40-501. The policy is effective immediately and will be included in the next update to AR 40-501.
5. Point of contact for this action is Ms. Wortzel, DSN 761-0020 or commercial (703) 681-0020.

Encl


JAMES B. PEAKE, M.D.
Lieutenant General
The Surgeon General

CF:
Chief, US Army Reserve
Director, Army National Guard

Enclosure 1

Revised Pregnancy and Postpartum Physical Profiles

Paragraph 7-9, AR 40-501 is superceded by the following guidelines:

7-9. Profiling Pregnant Soldiers

a. Intent. The intent of these provisions is to protect the fetus while ensuring productive utilization of the soldier. Common sense, good judgement, and cooperation must prevail between policy, soldier, and soldier's commander to ensure a viable program. This profile has been revised from the previous profile published in the 1995 edition of this regulation. This revision includes mandating an occupation health interview to assess risks to the soldier and fetus and adding additional restrictions to reduce exposure to solvents, lead, and fuels, which may be associated with adverse pregnancy outcomes.

b. Responsibilities.

(1) Soldier. The soldier will seek medical confirmation of pregnancy and will comply with the instructions of medical personnel and the individual's unit commander.

(2) Medical personnel. A physician will confirm pregnancy and once confirmed will initiate prenatal care of the soldier and issue a physical profile. Nurse midwives or nurse practitioners are authorized to issue routine or standard pregnancy profiles for the duration of the pregnancy. An occupational history will be taken at the first visit to assess potential exposures related to the soldier's specific MOS. This history is ideally taken by the occupational medicine physician or nurse. However, if this is not feasible, the profiling officer must complete the occupational history. After review of the occupational history, the profiling physician, in conjunction with the occupational health clinic as needed, will determine whether any additional occupational exposures, other than those indicated in the paragraphs below, should be avoided for the remainder of the pregnancy. Examples include but are not limited to hazardous chemicals, ionizing radiation, and excessive vibration. If the occupational history or industrial hygiene sampling data indicates significant exposure to physical, chemical, or biological hazards, then the profile should be revised to restrict exposure from these workplace hazards.

(3) Unit commander. The commander will counsel all female soldiers as required by AR 600-8-24 or AR 635-200. The unit commander will consult with medical personnel as required. This includes establishing liaison with the occupational health clinic and requesting site visits by the occupational health personnel if necessary to assess any work place hazards.

c. Physical profiles.

(1) Profiles will be issued for the duration of the pregnancy. The MTF should ensure that the unit commander is provided a copy of the profile, and advise the unit commander as required. Upon termination of pregnancy, a new profile will be issued reflecting revised profile information. Physical profiles will be issued as follows:

(2) Under factor "P" of the physical profile, indicate "T-3."

(3) List diagnosis as "pregnancy, estimated delivery date_____."

d. Limitations. Unless superseded by an occupational health assessment, the standard pregnancy profile, DA Form 3349, will indicate the following limitations:

(1) Except under unusual circumstances, the soldier should not be reassigned to overseas commands until pregnancy is terminated. (See AR 614-30 for waiver provisions and for criteria curtailing OCONUS tours.) She may be assigned within CONUS. Medical clearance must be obtained prior to any reassignment.

(2) The soldier will not receive an assignment to duties where nausea, easy fatigue, or sudden lightheadedness would be hazardous to the soldier or others, to include all aviation duty, Classes 1/1A/2/3. (However, there are specific provisions in para 4-13c, which allow the aircrew member to request, and be granted permission to remain on flight status. ATC personnel may continue ATC duties with approval of the flight surgeon, obstetrician, and ATC supervisor.)

(3) Restrict exposures to military fuels. Pregnant soldiers must be restricted from assignments involving frequent or routine exposures to fuel vapors or skin exposure to spilled fuel such as fuel handling or otherwise filling military vehicles with fuels such as mogas, JP8, and JP4.

(4) No weapons training in indoor firing ranges due to airborne lead concentrations and bore gas emissions. Firing of weapons is permitted at outdoor sites. (See para 7-9d(9) for other weapons training restrictions.) No exposure to organic solvent vapors above permissible levels. (For example, work in ARMS room is permitted if solvents are restricted to 1999 MIL -PRF-680, de-greasing solvent.)

(5) No work in the motor pool involving painting, welding, soldering, grinding and sanding on metal, parts washing, or other duties where the soldier is routinely exposed to carbon monoxide, diesel exhaust, hazardous chemicals, paints, organic solvent vapors, or metal dusts and fumes (for example, motor vehicle mechanics). This does not apply to pregnant soldiers who perform preventive maintenance checks and services (PMCS) on military vehicles using impermeable gloves and coveralls, nor does it apply to soldiers who do work in areas adjacent to the motor pool bay (for example, administrative offices) if the work site is adequately ventilated and industrial hygiene sampling shows carbon monoxide, benzene, organic

solvent vapors, metal dusts and fumes do not pose a hazard to pregnant soldiers. (See para 7-9d(11) for PMCS restrictions at 20 weeks of pregnancy.)

(6) The soldier should avoid excessive vibrations. Excessive vibrations occur in larger ground vehicles (greater than 1 1/4 ton) when the vehicle is driven on unpaved surfaces.

(7) Upon the diagnosis of pregnancy, the soldier is exempt from the regular physical training (PT) program of the unit, and exempt from PT testing. Pregnant soldiers are encouraged to participate in a pregnancy PT programs, where available. If they participate in a pregnancy PT program, they should obtain the profiling officer's approval prior to beginning the program. Although most women may exercise safely throughout pregnancy and postpartum within the American College of Obstetrics and Gynecology (ACOG) guidelines, many unit-training personnel are not familiar with leading exercises for pregnant/postpartum soldiers, nor are they familiar with the ACOG guidelines. There is no standardized Army-wide program for pregnancy/postpartum physical training. The Army is developing a standardized program for pregnant and postpartum soldiers. However, at this time, PT during pregnancy is voluntary on the part of the soldier and will not be mandated. The soldier is exempt from wearing of load bearing equipment, including web belt.

(8) The soldier is exempt from all immunizations except influenza and tetanus-diphtheria, and exempt from exposure to all fetotoxic chemicals noted on the occupational history form. The soldier is exempt from exposure to chemical warfare and riot control agents (for example, nuclear, biological, and chemical training) and wearing MOPP gear at any time.

(9) The soldier may work shifts.

(10) The soldier must not climb or work on ladders or scaffolding.

(11) At 20 weeks of pregnancy, the soldier is exempt from standing at parade rest or attention for longer than 15 minutes. The soldier is exempt from participating in swimming qualifications, drown proofing, field duty, and weapons training. The soldier should not ride in, perform PMCS on, or drive vehicles larger than light medium tactical vehicles due to concerns regarding balance and possible hazards from falls.

(12) At 28 weeks of pregnancy, the soldier must be provided a 15-minute rest period every 2 hours. Her workweek should not exceed 40 hours and the soldier should not work more than 8 hours in any one day. The duty day begins when reporting for formation or duty and ends 8 hours later.

e. Performance of duty. A woman who is experiencing a normal pregnancy may continue to perform military duty until delivery. Only those women experiencing unusual and complicated problems (for example, pregnancy-induced hypertension) will be

excused from all duty, in which case they may be hospitalized or placed sick in quarters by medical profiling authority. Medical personnel will assist unit commanders in determining duties.

f. Sick in quarters. A pregnant soldier will not be placed sick in quarters solely on the basis of her pregnancy unless there are complications present which would preclude any type of duty performance.

Paragraph 7-10, AR 40-501 is superceded by the following guidelines

7-10. Postpartum profiles

a. Convalescent leave (as prescribed by AR 600-8-10) after delivery will be for a period determined by the attending physician. This will normally be for 42 days following normal pregnancy and delivery.

b. Convalescent leave after a termination of pregnancy (e.g. miscarriage) will be determined on an individual basis by the attending physician.

c. Prior to commencing convalescent leave, postpartum soldiers will be issued a postpartum profile. The temporary profile will be for 45 days. It begins on the day of birth or termination of pregnancy and will allow PT at the soldier's own pace. If a soldier decides to return early from convalescent leave, the temporary profile remains in effect for the entire 45 days.

d. Soldiers will receive clearance from the profiling officer to return to full duty.

e. In accordance with DOD Directive 1308.1, postpartum soldiers are exempt from the APFT for 180 days following termination of pregnancy. They are expected to use the time in preparation for the APFT after receiving clearance from their physician to resume PT.

f. The above guidance will only be modified if, upon evaluation of a physician, it is determined that the postpartum soldier requires a more restrictive or longer profile because of complicated or unusual medical problems.